



# MONTANA DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION



## ASSOCIATION OF MONTANA TURF & ORNAMENTAL PROFESSIONALS (AMTOP) CONFERENCE SCHOLARSHIP APPLICATION

Submit the completed application to:  
MT DNRC, Urban Forestry Program, 2705 Spurgin Road, Missoula, Montana 59804-3199.  
Faxes will be accepted at 406-542-4203.

**PLEASE NOTE:** *This grant application is not a registration or membership form for the AMTOP conference. For more information on membership and registration, please visit [www.amtop.org](http://www.amtop.org) or call 1-866-442-6867.*

**AMTOP CONFERENCE DATES: JANUARY 30 – 31, 2006**

The purpose of this scholarship grant is to help defer some of the costs associated with attending the AMTOP conference, which provides tree care education for professionals, communities and members of community tree boards. Municipal employees and tree board members are eligible to apply (one of each per community only). Confirmation of tree board member status may be requested. *The grant maximum grant award is \$200.* This application must be signed by an authorized individual in community government (mayor or clerk). Funds are available on a reimbursement basis. A reimbursement check will be distributed to the successful community applicants upon receipt of paid registration receipt and report form. Please request a receipt from AMTOP as proof of payment.

*If the number of grant requests exceeds funds available, successful applicants will be selected by drawing.*

NAME OF APPLICANT (i.e. Pat Smith )

APPLICANTS AFFILIATION (i.e. Town of Anywhere, Anywhere Tree Board member)

FEDERAL TAX IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER ♦

ADDRESS

CITY/TOWN

STATE

ZIP

PHONE

AMOUNT REQUESTED (\$200 maximum request)

♦ Social Security number only required in applicant is paying for conference out of their own pocket and will not be reimbursed by the community for registration expenses.

1. HOW WILL THIS SCHOLARSHIP BENEFIT YOUR COMMUNITY?

2. HOW MANY INDIVIDUALS FROM YOUR COMMUNITY, NOT INCLUDING THE APPLICANT WILL BE ATTENDING THIS CONFERENCE (Please list their names and positions)?

AUTHORIZING SIGNATURE: I certify the participation in the 2006 AMTOP annual conference is approved and supported by the city/town government.

DATE	AUTHORIZING PARTY/TITLE (please print)	AUTHORIZING SIGNATURE
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